Short Form Return of Organization Exempt From Income Tax



Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public

		at the end of the year may use this form. The organization may have to use a copy of this return to satisfy sta	te reportina requi	rements.	1	mopeodon		
A	For the	·	2, and ending			, 20		
	11 /	ck if applicable C Name of organization TACK				tification number		
	Address c	hange GITIZENS FOR TACKETT COMMITTEE TERMINATED 12/31/1	1 *****)		91-	2064742		
	Name cha		Room/suite	E Telepho	elephone number			
닏	Initial retur	18927 WII DI ANF DRIVF \		ŀ				
	Terminate	City or town, state or country, and ZIP + 4			Exem	otion		
H		nded return ication pending SOUTH CHARLESTON, OH 45368-7785 Num				,		
G		ting Method ☐ Cash ☐ Accrual Other (specify) ▶	Check ▶	ck ▶ ☐ if the organization is no				
	Websit		"'			h Schedule B		
		npt status (check only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1)	or 💢 527	•		EZ, or 990-PF)		
	Check ▶			on and its o	aross i	receints are normally		
		e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N	_	_				
		inization chooses to file a return, be sure to file a complete return		, ,				
L	Add lines	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor	e, or if total asset	s (Part II,				
li	ine 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	S			
G	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balan	nces (see the	instructi	ons f	or Part I)		
		Check if the organization used Schedule O to respond to any question						
	1	Contributions, gifts, grants, and similar amounts received			1			
	2	Program service revenue including government fees and contracts		🗀	2			
	3	Membership dues and assessments			3			
	4	Investment income			4			
	5a	Gross amount from sale of assets other than inventory . 5	a					
	b	Less: cost or other basis and sales expenses	b					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	n line 5a) .		5c			
	6	Gaming and fundraising events	•					
3	а	Gross income from gaming (attach Schedule G if greater than						
23		\$15,000)	a		·			
JUN 26 20 Revenue	b	Gross income from fundraising events (not including \$	of contribution	าร				
જેં		from fundraising events reported on line 1) (attach Schedule G if the		'				
₹`		sum of such gross income and contributions exceeds \$15,000) 6	ь		1			
=	С	Less direct expenses from gaming and fundraising events 6	С					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a a	and 6b and su	btract				
3		line 6c)		6	3d			
/α	7a	Gross sales of inventory, less returns and allowances	a					
7	b	Less cost of goods sold	b	٠.	_			
7	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		· · · · · · · · · · · · · · · · · · ·	7c			
3	8	Other revenue (describe in Schedule O)		. [8			
7	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9			
→	10	Grants and similar amounts paid (list in Schedule O)		[1	10			
Expenses	11	Benefits paid to or for members			11			
	12	Salaries, other compensation, and employee benefits		[1	12			
	13	Professional fees and other payments to independent contractors		[1	13			
	. 14	Occupancy, rent, utilities, and maintenance			14			
	15	Printing, publications, postage, and shipping		[-	15			
	16	Other expenses (describe in Schedule O)			16			
_	17	Total expenses. Add lines 10 through 16		•	17			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18			
	19	Net assets or fund balances at beginning of year (from line 27, column (-	14. 1			
		end-of-year figure reported on prior year's return)			19			
	20	Other changes in net assets or fund balances (explain in Schedule O)		_	20			
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20		. ▶ 2	21			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)



Pa	til Balance She	•	•					
	Check if the o	rgànization used Schedule	O to respond to a	ny question in this			<u></u>	[
	0				(A) Beginning of y	<u> </u>		(B) End of year
22 23	Cash, savings, and i Land and buildings	nvestments					22 23	_
.3	Other assets (descri	 he in Schedule (1)					24	-
25	Total assets					_	25	
26		cribe in Schedule O) .					26	-
27		balances (line 27 of columi	n (B) must agree with	h line 21) .			27	
	Check if the o	Program Service Accommodalization used Schedule						Expenses uired for section c)(3) and 501(c)(4)
esc rs	cribe the organization's neasured by expenses	orimary exempt purpose? In a clear and concise rerelevant information for e	nanner, describe the	of its three largest e services provide	program serviced, the number	es, of	orgai 4947	nizations and secti (a)(1) trusts, option thers)
8		·						
	(Grants \$) If this amoun	includes foreign gra	ants, check here	▶		28a	
9								
	(Grants \$) If this amoun	t includes foreign gra	ants, check here		l	29a	
0	(4.4.1.1.4.4.1.4.1.4.1.4.1.4.1.4.1.4.1.4		3.3					
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	(Grants \$		t includes foreign gra				30a	
31	Other program service	es (describe in Schedule O)						
	Other program service (Grants \$	es (describe in Schedule O)) If this amoun		ants, check here			31a	
2	Other program service (Grants \$ Total program service)	es (describe in Schedule O)) If this amoun se expenses (add lines 28a	t includes foreign gra through 31a)	ants, check here		□ the ins	31a 32	
2	Other program service (Grants \$ Total program service t IV List of Officers,	es (describe in Schedule O)) If this amounte expenses (add lines 28a, Directors, Trustees, and Ke	t includes foreign gra through 31a) . y Employees List eac	ants, check here	mpensated (see t	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	31a 32	
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	110
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	ļ ·	-	
b	Did the organization file Form 1120-POL for this year?	37b		ļ
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:	4		
	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	l		
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		_
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no ▶			
_	Located at ► ZIP + 4 ►		r	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		•	
	and Financial Accounts.		•	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
40	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	$\overline{}$	Yes	No
_	completed instead of Form 990-EZ	44a		ļ
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		- '
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O			
4-	explanation in Schedule O	44d		<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	15h		

Form 9	00-EZ (2	012)						F	age 4			
¬	•							Yes	No			
46	Did tl	ne organization el•gage, directly or i	ndirectly, in political c	ampaign activities on	behalf of o	r in oppositi	on					
	to ca	ndidates for public office? If "Yes," o	complete Schedule C	, Part I			46		'			
Part		Section 501(c)(3) organizations										
		All section 501(c)(3) organization		stions 47–49b and	52 and co	molete the	tables f	or lin	A S			
		50 and 51	o made amovide que	onono n'i iob ana	or, and oc	mpioto trio	1001001	01 1111	00			
		Check if the organization used Sc	hedule () to respond	I to any guestion in t	his Dart VI				П			
		Officer if the organization used oc	ricadie O to respond	to any question in t	alt VI	<u> </u>		Yes				
47	Did +	he organization engage in lobbying	activities or have a	saction 501/b) alactic	n in offoot	during the t	·ov [res	No			
71		' If "Yes," complete Schedule C, Par				_						
40	•						47					
48		organization a school as described i					48 49a	<u> </u>	 			
49a		Did the organization make any transfers to an exempt non-charitable related organization?							↓			
b		If "Yes," was the related organization a section 527 organization?							<u> </u>			
50		Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and I employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."										
	empi	oyees) who each received more than	1 \$ 100,000 of comper	isation from the orga			e, enter "IN	ione."				
	(a)	Name and title of each employee	(b) Average	(c) Reportable	(d) Health contributions		(e) Estimate	d amor	unt of			
	\-,	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,	and deferred	other com					
			devoted to position	(omo vi zi roso viico,	compe	nsation						
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					}							
f 51	Com \$100	number of other employees paid ovolete this table for the organization, 000 of compensation from the organization	's five highest compe anization. If there is no	ensated independent one, enter "None "					than			
(a)	Name a	nd address of each independent contractor pa	aid more than \$100,000	(b) Type of sen		(c)	Compensati	on —				
				1								
			 									
				<u> </u> -								
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				_								
				_								
												
				4								
				L								
d		number of other independent contri	_		▶							
52		he organization complete Schedule			s and 4947(a	a)(1)	_	_				
	none	xempt charitable trusts must attach	a completed Schedul	<u>le A </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	No			
		of perjury, I declare that I have examined this d complete. Declaration of preparer (other that					owledge and	i belief,	, it is			
_												
Sign		Signature of officer				te						
Here												
		Type or print name and title										
Paid		Print/Type preparer's name	Preparer's signature	Da	ate	Check	ıf PTIN					
Prep						self-employ						
	Only	Firm's name ▶		<u> </u>	Fire	n's ElN ▶	-					
USE	Unity	Firm's address ▶		 .		Phone no						
May t	he IRS	discuss this return with the prepare	r shown above? See	instructions		.	► ☐ Yes		No			
<u> </u>												